

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

PERSONAL CARE PRODUCTS COUNCIL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1101 17th Street NW

Suite 300

(Check if address  
is changed)

Washington

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

plgroup@perkinscoie.com

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE

M = M / D = D / Y = Y Y Y Y Y  
05 / 17 / 2012

3. FEC IDENTIFICATION NUMBER

C C00113845

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Lezlee Westine

Signature of Treasurer

Lezlee Westine

[Electronically Filed]

Date

M = M / D = D / Y = Y Y Y Y Y  
05 / 17 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)